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REPORT OF THE EXECUTIVE DIRECTOR FOR 2010

CUMULATIVE ANALYSIS OF PROGRESS IN IMPLEMENTATION OF THE UNFPA STRATEGIC PLAN, 2008-2013*

Summary

In light of the upcoming midterm review (MTR) of the UNFPA strategic plan, 2008-2013, the 2010 annual report of the Executive Director provides a cumulative analysis of the progress in implementation of the strategic plan during the three-year period 2008-2010. Building on various thematic and regional reviews and evaluative evidence, the present report (a) takes stock of key changes in the global context affecting the UNFPA mandate; (b) reviews progress in the strategic plan development results framework (DRF); (c) reviews progress in the management results framework (MRF); and (d) identifies challenges and lessons learned, including pointers for possible strategic shifts to be reflected in the ongoing strategic plan MTR that will be presented to the Executive Board at the second regular session 2011.

The annex to the present report is available separately on the UNFPA website and delineates progress and performance trends against key indicators of the DRF and MRF of the strategic plan.

Elements for a decision are contained in section VI of the present report.

The present report may be read in conjunction with DP/FPA/2011/3 (Part I)/Add.1 and E/2011/5.

* *The compilation of data* required to provide the Executive Board with the most current information has delayed submission of the present report.

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(Annex is available separately on the UNFPA website)

List of acronyms

AFRIYAN	Africa Youth and Adolescent Network on Population and Development
ASRH	Adolescent sexual and reproductive health
BSB	Biennial support budget
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
COARs	Country office annual reports
CPR	Contraceptive prevalence rate
DRF	Development results framework
FBOs	Faith-based organizations
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
H4+	Health 4+ partnership (WHO, UNFPA, UNICEF, the World Bank and UNAIDS)
HLCM	High-level Commitee on Management
ICPD	International Conference on Population and Development
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MHTF	Maternal Health Thematic Fund
MICS	Multiple indicator cluster survey
MISP	Minimum initial service package
MMR	Maternal mortality ratio
MNCH	Maternal, newborn and child health
MNH	Maternal and newborn health
MOPAN	Multilateral Organisations Performance Assessment Network
MRF	Management results framework
MTR	Midterm review
MYFF	Multi-year funding framework
NDPs	National development plans
NEX	National execution
NGOs	Non-governmental organizations
OMP	Office management plan
PAD	Performance appraisal and development system
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
PRSPs	Poverty reduction strategy papers
RBM	Results-based management
RHCS	Reproductive health commodity security
SDPs	Service delivery points
SRH	Sexual and reproductive health
STIs	Sexually transmitted infections
UNCT	United Nations country team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
VAW	Violence against women
Y-PEER	Youth peer education network

I. INTRODUCTION

1. The present report provides a cumulative analysis for the period 2008-2010 on the progress, challenges and lessons learned in implementation of the UNFPA strategic plan, 2008-2013 (DP/FPA/2007/17). The report's structure and analysis are based on the two central frameworks of the strategic plan, namely, the development results framework (DRF) and the management results framework (MRF). A summary of programme expenditures is provided under the integrated financial resources framework (section V). Elements for a decision are contained in section VI. The annex to the present report (separately available on the UNFPA website) delineates progress and performance trends against key indicators of the DRF and the MRF. Building on the evidence in the present cumulative report, the ongoing midterm review (MTR) will provide further analysis and suggestions for the way forward.

2. UNFPA has continued to strengthen the methodology, analysis and data quality of its annual reporting. Annual data from 129 UNFPA country office annual reports (COARs) were reviewed by the UNFPA Regional Directors following quality assurance by regional teams. Besides the self-assessment reports, the analysis in the present report draws on a range of information sources, including major evaluations, assessments and thematic reviews to identify what worked and what did not work. This triangulation of information seeks to provide a more balanced analysis of UNFPA contributions to the strategic plan outcomes.

II. GLOBAL AND ORGANIZATIONAL CONTEXT

3. World population will reach the seven billion mark in 2011. Given the largest ever cohort of young people, taking cognizance of key issues in population dynamics is essential for sustainable development. Responding to diverse population issues is critical, although increasingly challenging, particularly in complex and varied country contexts, including in middle-income countries. It involves rooting the notion of development in structural transformation, including addressing the issues of equity, social protection and policy space.

4. The emerging economies have become major engines of global economic growth and their geopolitical influence has increased, creating opportunities for acceleration of South-South cooperation. UNFPA has updated its South-South cooperation strategy to further strengthen and expand its support and bolster preparedness to utilize South-South cooperation for national capacity development.

5. The global financial crisis has caused significant setbacks in progress towards the Millennium Development Goals (MDGs), posing a serious challenge, inter alia, to achieving gender equality, reducing child mortality and improving maternal health. While this has increased the need for development assistance, aid delivery is falling short of the commitments made by the donor community. Thus, greater mobilization of domestic resources is increasingly critical. Thus far, UNFPA has been able to reach and even surpass its funding targets, but the future is uncertain, and the Fund is exploring various mechanisms and opportunities for resource mobilization to support countries in implementing the Programme of Action of the International Conference on Population and Development (ICPD).

6. Alongside the prevailing fiscal austerity, there is a demand for increased organizational accountability for results. Although there are challenges in measuring results in such areas as policy advice and capacity development, UNFPA continues to strengthen its results chain.

7. The present report takes into account the Report of the Board of Auditors (A/65/5/Add.7). To address the issues identified by the auditors, UNFPA management mobilized all levels of the organization and has made accountability a top priority. UNFPA is rigorously following up on the audit recommendations and the Fund's efforts to strengthen accountability and increase efficiency include addressing the root causes of the audit issues.

8. Welcoming the establishment of UN-Women, UNFPA will continue to contribute towards gender equality and focus on its comparative advantage in the areas of sexual and reproductive health (SRH) and reproductive rights and population dynamics. In line with internal and external reviews[1], the Fund will examine its niche in promoting gender equality. Working closely on the Secretary-General's Global Strategy for Women's and Children's Health, together with a range of new players on women's health, UNFPA will further sharpen its specific niche in promoting and supporting universal access to SRH and reproductive rights.

III. DEVELOPMENT RESULTS FRAMEWORK

9. This section of the report provides analysis of progress on the strategic plan development results, and UNFPA contribution to those results. Following the overview, there is a discussion of the 13 strategic plan outcomes under the three focus areas of population and development; reproductive health and rights; and gender equality. Cross-cutting concerns are also discussed.

A. Overview

10. As per the UNFPA accountability framework (DP/FPA/2007/20), the Fund is accountable for: (a) monitoring progress on the strategic plan outcomes and indicators (the delivering of which is a *shared* accountability between all partners); and (b) contribution to the outcomes through the delivery of outputs in its global, regional and country programmes (for which UNFPA has *full* accountability). The strategic plan envisaged the development of a reference set of outputs, using a capacity development typology to aggregate results for global analysis.

11. The annex (available on the UNFPA website) delineates the progress on the 26 strategic plan DRF indicators against the targets using linear trend analysis[2]. Key aspects are:

- For 22 out of 26 indicators data are available from external and internal reporting sources.
- In the case of nine of the 22 indicators with data, targets have been reached or are very close to being achieved.
- Ten out of the 13 indicators lagging behind are related to population dynamics, and SRH and reproductive rights, including the unmet need for family planning, and births with skilled attendants.

[1] UNFPA Thematic Evaluation of Gender, Recommendations of the UNFPA External Advisory Panel, and others.
[2] If the linear value obtained is below the specified target by more than 10 per cent, it is inferred that the indicator is unlikely to achieve the target by 2011.

UNFPA programme performance at country level

Achieving indicator targets

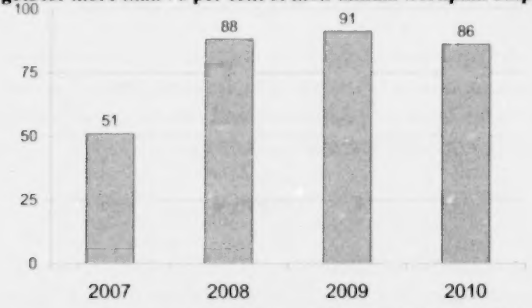
12. During 2008-2010, country-level performance on achieving indicator targets for 75 per cent of planned annual workplan outputs was high at over 85 per cent compared to the 2007 baseline of 51 per cent (figure 1). Since the data are based on a self-assessment there is a need to test this performance level using evaluative evidence from country programme evaluations. The focus on country-level outputs and contributions is deliberate – as that is where most of UNFPA programme funds are spent[3].

Figure 1

Country programme outputs

(N=129)

Percentage of UNFPA country offices that reported achieving indicator targets for more than 75 per cent of their annual workplan outputs



Source: UNFPA country office annual reports, 2007 -2010

Contributing to capacity development

13. Contributions of UNFPA country programmes to capacity development in 2010 are reported through the reference set of 10 outputs[4] in table 1. UNFPA country programmes reported supporting substantive national capacity development initiatives in all 10 areas, with a focus on training. The four top areas for the Fund's support are maternal health, reproductive health commodity security (RHCS), census operations and use of data, and response to gender-based violence (GBV). However, due to the absence of data for previous years, a trend analysis is not possible.

[3] The independent review reports of the global and five regional programmes provide further details.

[4] As per paragraph 80 in DP/FPA/2007/17.

Table 1
UNFPA country programme contributions to capacity development

Strategic plan focus areas	Thematic areas of support to national capacity development	UNFPA substantive support to capacity development in 2010 (N=129 countries/territories/areas)
Population and development	Incorporation of population issues in public policies	31
	Census operations and use of survey data	79
Reproductive health and rights	Quality maternal health services	69
	Reproductive health commodity security	60
	HIV prevention among women and young people	37
Gender equality	Male participation and elimination of harmful practices	28
	Gender-based violence – response and prevention mechanism	66
Cross-cutting themes	Humanitarian systems	30
	Advocacy for the ICPD agenda	36
	South-South cooperation	35

Source: UNFPA COARs 2010.

Findings from analysis of country programme evaluations

14. Key findings from an internal desk review of selected country programme evaluations conducted during 2008-2010 include: (a) achievement of planned outputs that contribute to ICPD goals; (b) strengthened capacity for advocacy for gender and population issues; (c) increased availability of services; and (d) alignment of programmes with the respective national development goals and objectives, especially at national level through a consultative approach with national stakeholders and partners. However, the evaluations noted a need to strengthen alignment at subnational levels and to better utilize evidence in programme design. Some UNFPA programmes, especially those in countries with federal/decentralized structures, face a design challenge with respect to evidence-based planning for geographical coverage. Though programme designs, such as those in Indonesia, Nigeria and the Philippines, have adapted to local decentralized structures and have set up in effect multiple subnational programmes, the programmes are regarded as being spread too thin. Several evaluations report that the lack of adequate monitoring and evaluation (M&E) challenges the effectiveness of programme interventions. Greater synergy between and within the programme components is needed to enhance the efficiency and effectiveness of UNFPA investments.

UNFPA expenditures on development results

15. The analysis of expenditures pertaining to each of the strategic plan outcomes (see table 24) shows that during the period 2008-2010, 59 per cent of total programme resources were spent in the area of reproductive health and rights; 18.5 per cent on population and development; and nearly 12 per cent in the gender area. Fifty per cent of the total programme funds were spent on two outcomes in the area of SRH and two outcomes in the area of population and development. The balance of less than 50 per cent of the expenditures were spread across the remaining nine outcome areas, with less than 1 per cent expended on the outcome pertaining to human rights. The analysis shows that the focus of UNFPA programme

expenditures has been on four areas: maternal health; SRH policies/demand; data for development; and population dynamics.

Summary of findings/recommendations

16. In line with its mandate and national priorities UNFPA is making important contributions and is widely valued. The overall review of progress highlights the unfinished agenda in the core areas of population and development and reproductive health; points to the country programme designs having a 'thin' spread and thus limited results; identifies the need for strengthening programming to further address the diverse and specific needs of countries; and calls for examining a more integrated approach and a strategic shift to sharpen the UNFPA focus. Strengthening the Fund's focus can be achieved in several ways, including by: focusing on areas where UNFPA is furthest from achieving the targets and where it has a comparative advantage; reducing the number of strategic outcomes; utilizing an integrated agenda of population and development, SRH and gender; and enhancing the Fund's strategic role as capacity enabler or provider of upstream policy advocacy.

17. While the accountability framework (DP/FPA/2007/20) and strategic plan articulate the Fund's clear accountability for results at output and outcome levels, as well as for aggregating results through a reference set of global outputs, there is a need to strengthen the results frameworks, develop more robust indicators and address data quality issues. There is also a need to ensure effective implementation of the results-based management (RBM) approach at all levels of the Fund. UNFPA should accelerate its ongoing efforts to strengthen its capacities in results-based and evidence-based programming through staff training and effective utilization of the systems and tools already available.

B. Key results and challenges: Analysis of the 13 strategic plan outcomes

1. Population and development

Outcome 1: Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.

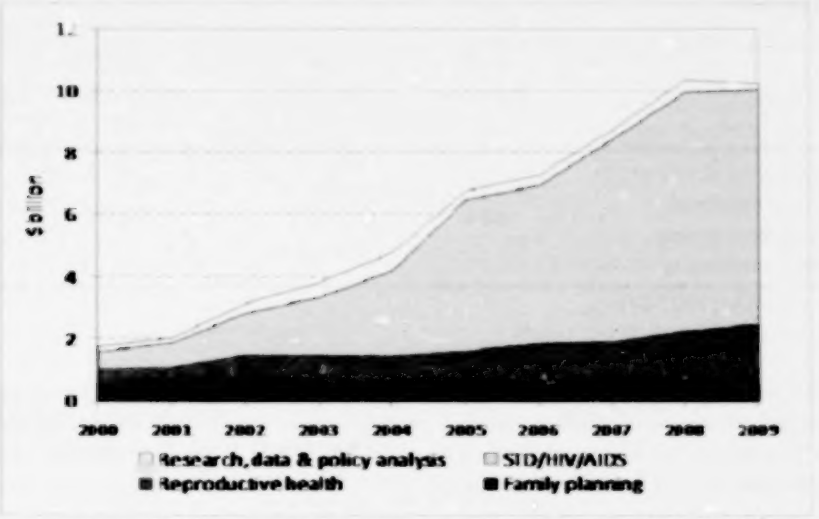
18. Incorporation of population dynamics, reproductive health and gender into public policies and development plans was maintained during 2008-2010. As shown in the annex (available on the website), 65 per cent to 80 per cent of national policies/plans incorporated population dynamics and the proportion incorporating population dynamics and reproductive health was higher than the proportion incorporating gender equality. There is a need for continued strengthening in this outcome area to attain the current strategic plan target.

Resources mobilized for population activities

19. Over the period 2000 to 2010, donor assistance for population activities steadily increased from an annual amount of less than $2 billion to over $10 billion. Assistance for sexually transmitted infections (STIs)/HIV activities accounted for most of this increase. However, assistance for family planning by and large remained constant (figure 2). Donor assistance, which stood at $10.4 billion in 2008 and at $10.39 billion in 2009, was expected to increase to $10.46 billion in 2010. Domestic expenditures for population activities increased from $23.2 billion in 2008 to $29.8 billion in 2009, and were expected to have

increased to $31 billion in 2010. The 2010 projection of $40.46 billion would fall short of the estimated requirement of $65 billion by $24 billion.

Figure 2
Donor expenditures for population assistance by category of population activity, 2000-2009



Source: UNFPA. Financial Resource Flows for Population Activities in 2008 and resource flows project database (N.B. 2009 data are provisional)

20. UNFPA advanced the understanding of population dynamics and supported its incorporation in national development strategies and international agreements. At country level, UNFPA supported national institutions in the incorporation of population issues in national development strategies. Through UNFPA country programmes, many countries received direct support for the formulation of poverty reduction strategies and national development plans (NDPs). In some countries population concerns have been integrated into subnational planning frameworks and in others data are being used to advocate for the inclusion of population issues in national policy dialogue.

21. Current international policy dialogue is characterized by an increasing awareness of and renewed interest in the linkages between population dynamics and development. To ensure increased understanding of these often complex interlinkages and reflection thereof in public policies and international agreements, as well as to strengthen efforts to mobilize sufficient resources at all levels to adequately address population issues, there is a need to increase support to countries in this area.

Outcome 2: Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.

22. Though national-level attention to young people's rights and needs has been increasing (table 2), less than 60 per cent of NDPs and poverty reduction strategies had incorporated young people's rights and multisectoral needs. With reference to youth participation in poverty reduction strategy papers (PRSPs), in only 33 per cent were young people consulted during the process. Some examples of young people's

engagement include advocacy efforts of the African Union to further ratify and implement the African Youth Charter and efforts in Latin America where young people were instrumental in bringing about the Carta de Bahia.

Table 2
Young people's multisectoral needs addressed within national development plans and poverty reduction strategies

Indicator	*2007 Baseline* %	*2008 (2007-2008)* %	*2009 (2008-2009)* %	*2010 (2009-2010)* %
Proportion of national development plans and poverty reduction strategies that address young people's multisectoral needs	48.8	51.7	58.0	59.5

Source: UNFPA COARs, 2007-2010.

23. UNFPA country offices reported significant contributions to the inclusion of youth issues in national planning processes, including through strengthening youth policies by advocating for the incorporation of youth issues in sectoral policies and NDPs. UNFPA also strengthened the capacities of young people to advocate for their rights and needs.

24. Youth organizations led the planning, implementation and evaluation of a strategy for advocacy and communications for the International Year of Youth. An evaluation of the UNFPA Global Youth Advisory Panel led by the European Youth Forum found it to be a best practice that should be promoted across the United Nations system. Country-level youth advisory mechanisms have been established in over 30 UNFPA country offices. The Special Youth Fellowship Programme has been replicated by UNAIDS and by UNFPA regional offices. The youth peer education network (Y-PEER) has grown from 5,000 members in 36 countries in 2007 to currently about 20,000 members in over 45 countries. Since its establishment in 2005, the Africa Youth and Adolescent Network on Population and Development (AFRIYAN) has expanded to 43 countries in Africa as of 2010.

25. The outcome on incorporating youth participation and the multisectoral rights and needs of young people in policies is unique to UNFPA and positions the Fund well to provide technical support to countries. However, there is a need for increased work with marginalized young people, expanding partnerships with youth organizations beyond traditional partners, strengthening capacities of UNFPA at country level and allocating/mobilizing increased financial resources to promote mechanisms for youth participation.

Incorporating young people's sexual and reproductive health needs within emergency preparedness plans

26. The overall trend in the percentage of countries that have an emergency preparedness plan incorporating young people's SRH needs is depicted in table 3. In 2007, 58.2 per cent countries with an emergency preparedness plan had incorporated young people's SRH needs into these plans; this number increased to 62 per cent in 2010. However, there are wide regional variations. For example, the 2010 data show that the percentage of preparedness plans that had incorporated young people's needs was 58 per

cent in Asia and the Pacific, 78 per cent in Africa, 53 per cent in Latin America, and 40 per cent in Central Asia and Eastern Europe.

Table 3
Incorporation of young people's sexual and reproductive health needs within emergency preparedness plan

Indicator	*2007 Baseline* %	*2008* %	*2009* %	*2010* %
Proportion of countries that have an emergency preparedness plan/document in place that incorporates young people's sexual and reproductive health needs	58.2	72.5	68.6	61.9

Source: UNFPA COARs, 2007-2010.

27. UNFPA country offices engaged in raising the awareness of national counterparts on young people's SRH needs as part of UNFPA overall advocacy efforts. In Guatemala, for example, specific advocacy efforts were carried out with the Vice-President's office to include young people's SRH needs in the national emergency preparedness plan. At the regional and global levels, efforts have continued to support country offices in contributing to the development of emergency preparedness plans. The UNFPA/Save the Children *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings* led to key staff from humanitarian organizations, UNFPA offices and partners being trained on these issues.

28. One third of all countries have no emergency preparedness documents in place, which poses a major challenge in ensuring that young people's needs are promptly addressed in the aftermath of a disaster or a conflict. For those countries that have an emergency preparedness document in place ensuring that substantive provisions are included on young people's SRH remains an area for improvement. Undertaking systematic efforts to include young people's SRH is a critical entry point to ensure UNFPA can continue delivering on its commitments to young people before, during and after an emergency.

Outcome 3: Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.

29. Implementation of the 2010 census round is on track. Out of the 123 programme countries that were planning a population census in this round, 42 per cent had completed their censuses by 2010 (table 4). An estimated 85 per cent of countries will have completed their censuses by the end of 2012.

Table 4
Number and proportion of countries by stage of the 2010 round of population and housing census

Census stage	*2007*		*2008*		*2009*		*2010*	
	Number	*%*	*Number*	*%*	*Number*	*%*	*Number*	*%*
Planned, pre-preparation	47	52	38	38	34	31	35	28
Planned, being prepared	26	29	37	37	41	37	28	23
In process: conducting field operations	5	6	4	4	2	2	8	7
Completed: data compiling	8	9	9	9	18	16	28	23
Completed: data dissemination/data utilization	4	4	12	12	16	14	24	20
Total	**90**	**100**	**100**	**100**	**111**	**100**	**123**	**100**
Proportion of countries that completed their 2010 round of population and housing census as planned	13%		21%		31%		42%	

Source: UNFPA COARs, 2007-2010; UNFPA census portal.

30. Seventy-six countries received support from UNFPA for their 2010 census, including four countries in critical humanitarian crisis situations (Afghanistan, Democratic Republic of the Congo, Iraq and the Sudan). Six African countries with high incidence of HIV received assistance in mortality analysis based on census data (Botswana, Lesotho, Malawi, Mozambique, Namibia and Swaziland). UNFPA support was critical in achieving a quality census in Cambodia, Liberia, Sudan (2008); and in Belarus, Kenya, Kyrgyzstan, Mali, and Viet Nam (2009). UNFPA also provided substantial support to the censuses of Ghana, Indonesia, Mongolia, Togo and Zambia (2010), which have already produced their preliminary reports. UNFPA supported training in census administration and costing in 38 countries. Six countries developed Census-Info and/or Gender-Info data processing applications.

31. Challenges include maintaining adequate levels of technical assistance in the current phase of census processes and providing support for the development of new modalities of technical assistance. UNFPA will strengthen support to the 2010 census round and other data sources to monitor indicators for ICPD goals and the MDGs and increase institutional capacities to monitor and evaluate the impact of programmes.

Surveys and integrated demographic/socio-economic databases

32. Generation of survey data increased and has met the strategic plan target (see annex on the website). The proportion of countries that have conducted a national household/thematic survey which includes ICPD-related issues increased from 83.2 per cent in 2007 to 94.5 per cent in 2010 (table 5). However, the proportion of NDPs that include time-bound indicators and targets from national/subnational databases declined from 86.3 per cent in 2007 to 82.3 per cent in 2009.

Table 5
Incorporation of ICPD-related issues within household/thematic surveys

Indicator	*2007 Baseline (2000-2005)* %	*2008 (2003-2008)* %	*2009 (2005-2009)* %	*2010 (2006-2010)* %
Proportion of countries that have conducted a national household/thematic survey that includes ICPD-related issues*	83.2	86.0	94.0	94.5

Source: UNFPA COARs, 2007-2010.
* Figures for each update are based on reported surveys conducted during a period of five years.

33. In 2010, MDG5b+Info was launched, a comprehensive database for the analysis of the indicators of MDG 5. In the first phase of this activity, personnel in nine countries were trained in the use of the database. At country level, UNFPA supported demographic and health surveys or AIDS indicator surveys in over 20 countries. UNFPA is collaborating with UNICEF to ensure that the necessary indicators can be obtained from the multiple indicator cluster survey (MICS). Some countries carried out their first nationwide survey on GBV with support from UNFPA. The data and analyses will help develop new government policies and programmes that promote changes in attitudes.

34. There is a need to continue efforts to ensure that MICS information on reproductive health is collected and appropriately used for the computation of the relevant indicators. The UNFPA census portal needs to be expanded to incorporate information on surveys for maintaining the MDG5b+ database. There is an ongoing need to ensure that all countries have reliable and updated reproductive health data.

Outcome 4: Emerging population issues -- especially migration, urbanization, changing age structures (transition to adulthood, ageing) and population and the environment -- incorporated in global, regional and national development agendas.

35. Addressing emerging population issues such as ageing, international migration and urbanization did not register the expected improvement. The proportion of NDPs and PRSPs that addressed emerging issues varied between 65 per cent and 55 per cent (table 6); this is much lower than the strategic plan target of 80 per cent. However, not all issues are equally relevant for all countries, and some are new in the national agenda, such as the linkage between population and climate change.

Table 6
Challenges of emerging population issues addressed within national development plans and poverty reduction strategies

Indicator	*2007 Baseline* %	*2008 (2007-2008)* %	*2009 (2008-2009)* %	*2010 (2009-2010)* %
Proportion of national development plans and poverty reduction strategies that address the challenges of emerging population issues*	55.7	66.0	64.0	56.8

Source: UNFPA COARs, 2007-2010.

* Figures for each update are based on most recent NDPs/poverty reduction strategies reported. Therefore data may not be directly comparable.

36. There is an increased awareness of population ageing, the speed at which it is taking place and its socio-economic implications. Some countries have developed or are developing national policies on older persons, with UNFPA technical support. UNFPA provided technical assistance to develop national plans of action addressing the challenges of ageing (in Kazakhstan) and supported training of government staff to provide information to guide policy development (in Lesotho and the Republic of Moldova). UNFPA support to HelpAge International's Age Demands Action campaign resulted in the expansion of the campaign to 51 countries in Africa, Asia, Europe, Latin America and the Caribbean. UNFPA is supporting the preparations for the tenth anniversary of the Second World Assembly on Ageing in 2012 (Madrid+10).

37. Over one fourth of UNFPA country offices reported that migration was included in the respective country programme. UNFPA facilitated policy formulation or engaged in policy dialogue and reported supporting training/capacity-building activities in 2010. In 10 Latin American countries, UNFPA supported research studies on the sexual and reproductive health of migrants, as well as their access to information and health services, with particular emphasis on the most vulnerable border areas. Other countries addressed the need for quality data in migration analysis or conducted studies in this area to inform policy. As a result of migration data analysis, Senegal was able to develop strategies that provide young people with alternatives to migration abroad. To better define its role in the area of international migration, UNFPA commissioned an assessment of its work on migration taking into account its mandate and comparative advantage in this area.

38. UNFPA made progress in integrating population dynamics and climate change linkages into national planning processes though participation in United Nations country team (UNCT) work on United Nations Development Assistance Frameworks (UNDAFs) and through direct advocacy and technical assistance to governments. NDPs and other national planning processes now incorporate these linkages in Bangladesh, Democratic Republic of the Congo, Mozambique, Philippines, Swaziland and Yemen, due in part to UNFPA advocacy, technical assistance and capacity-building. UNFPA advanced in incorporating the links between population dynamics and climate change in global and regional development agendas. Furthermore, UNFPA engaged with United Nations and international partners to integrate population issues into climate change negotiations and response measures, with particular focus on climate change adaptation.

39. UNFPA contributed to the increasing integration of urbanization into national development and population planning. A wide range of advocacy and capacity-building efforts have been undertaken, in countries such as Bangladesh, Burundi, China, Iraq and Uzbekistan. In Jamaica, Liberia and Zambia, urbanization has been integrated in the national population policies. In Mozambique and Tunisia, urbanization and urban poverty have been included in PRSPs and in the work of the UNCT. In Nigeria, UNFPA has established a database that will allow for the integration of urban-specific data in national and subnational planning. The primary focus of UNFPA advocacy work was to build knowledge based on prior and current country experiences with urban transitions and urbanization policy, which has resulted in a strong foundation for impacting national development planning over the coming years.

40. The main challenges in the emerging areas are capacity development, reliable and timely data for policymaking, and adequate human and financial resources to effectively address growing demands in these areas. Based on UNFPA work on climate change, and on country experiences, UNFPA will develop and disseminate tools and guidelines for integrating population-climate links into national planning processes. Critical actions required include incorporating population data in climate vulnerability assessments and adaptation planning, and specific targeting of countries with high climate risk that are undergoing large-scale population changes.

2. Reproductive health and rights

Outcome 1: Reproductive rights and sexual and reproductive health demand promoted and essential sexual and reproductive health package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.

41. Unmet need for family planning has increased slightly from 11.1 per cent in 2005 to 11.4 per cent in 2009 in less developed regions and varies widely across and within regions. For instance, in 2009, in sub-Saharan Africa 24.9 per cent of women of reproductive age who are married or in union had an unmet need for family planning, whereas this figure was 9.9 per cent for Latin America and the Caribbean. Information for India, Lao People's Democratic Republic, Nicaragua, Paraguay and Sri Lanka indicates significant reductions in unmet need for family planning in recent years. The implementation of the minimum initial service package (MISP) in humanitarian crisis situations reported a steady increase (table 7).

42. With UNFPA support over 30 countries are implementing RHCS strategies and action plans. UNFPA has assisted 34 countries in setting up coordinated approaches for health supplies management systems. There has been a reduction in the number of countries experiencing stock-outs; and no major commodity stock-outs were reported in 2010 in the Upstream One countries under the global programme on RHCS. Also, some of the countries had no stock-outs of contraceptives in 60 per cent of their service-delivery points, for example, Burkina Faso (81 per cent), Ethiopia (99 per cent), Madagascar (91 per cent), Mongolia (72 per cent) and Nicaragua (97 per cent). In selected countries, female condom distribution doubled over two years, and there was increased government commitment to RHCS, evidenced by the establishment of national budget lines for reproductive health commodities[5].

[5] More details are available at http://www.unfpa.org/public/home/publications/pid/6437.

43. UNFPA is presently involved in over 30 sector-wide approaches. It has supported SRH costing in Afghanistan, Fiji, Haiti and the Sudan, among others. Some examples of UNFPA support to increase access to SRH services through innovative approaches, including pre-payment schemes, vouchers and conditional cash transfers (e.g., supporting institutional deliveries) are evident in Bangladesh, Cambodia, India and Mauritania. The last three years have seen increasing alignment and harmonization at the country level with UNFPA progressively participating in, and in some cases leading, the coordination processes (memoranda of understanding, compacts, codes of conduct) and contributing to harmonized financing and technical modalities.

44. UNFPA has advocated extensively to advance SRH, including through critical works such as *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health* (UNFPA and Guttmacher Institute); *Countdown to 2015 Decade Report(2000-2010): Taking stock of maternal, newborn and child survival* (UNFPA as part of the Countdown Working Group) and *Unified Health Model* (a medium-term planning, costing, budgeting and financing tool) – all these have focused on leveraging resources for the health-related MDGs.

45. UNFPA partners with the International Health Partnership to advance the health-related MDGs and the Harmonization for Health in Africa to tackle weak health systems and fragmented donor processes. UNFPA has been a technical lead on MDG 5 in the Secretary-General's Global Strategy for Women's and Children's Health.

46. Investment in capacity development and training of UNFPA staff and partners has resulted in considerable progress in the implementation of MISP in humanitarian crises. From the baseline of 58 per cent in 2007, implementation increased to 80 per cent of 76 humanitarian crisis situations in 2010. Also, in more than 80 per cent of these humanitarian crisis situations clean delivery kits were distributed. Furthermore, after successfully rolling out the SRH in crisis and post-crisis situations training in Asia and the Arab States, the focus for capacity development was on Africa through regional training of humanitarian focal points.

Table 7
Implementation of MISP in humanitarian crisis situations

Indicator	*2007 Baseline* %	*2008* %	*2009* %	*2010* %
Proportion of humanitarian crisis and post-crisis situations where MISP was implemented	57.9	71.4	72.2	80.3

Source: UNFPA COARs, 2007-2010.

47. A key challenge is strengthening capacities to pursue and rigorously monitor equitable SRH approaches. Innovative approaches will be critical, particularly in the context of public/private partnerships. Field-level coordination of MISP interventions still faces challenges. Implementation of new UNFPA guidance on the Fund's role in the changing aid and development contexts, as well as the Fund's new humanitarian strategy will facilitate addressing these challenges.

Outcome 2: Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.

48. An estimated 358,000 women die annually from complications during pregnancy or childbirth as compared to 546,000 in 1990 (a 34 per cent drop). Although the 2010 estimates show some countries achieving significant declines in the maternal mortality ratio (MMR), progress is well short of the 5.5 per cent annual decline needed to meet the MDG target of reducing the MMR by three quarters by 2015. The countries with an annual decline between 2 to 5.5 per cent include Angola, Ethiopia, Guinea, Malawi, Mali, Niger and Rwanda.

49. Working with the H4+ partnership[6], UNFPA contributed to building the international consensus on strategies to reduce maternal and neonatal mortality. Within this context, the UNFPA Maternal Health Thematic Fund (MHTF), dedicated to MDG 5, provided support to 30 countries in the areas of emergency obstetric and newborn care, family planning, skilled birth attendants at delivery, and obstetric fistula. The MHTF represents a useful tool to support countries with the highest rates of maternal mortality and morbidity and those furthest from achieving universal access to reproductive health.

50. UNFPA has been closely associated with the launch of the African Union initiative on maternal and newborn health, the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA). This Campaign is aimed at mobilizing policymakers and communities to ensure that each pregnant woman has access to obstetric services, particularly at childbirth. UNFPA has strongly supported the development, monitoring, and midterm review of the national maternal and newborn health (MNH) plans in Africa. UNFPA has worked with WHO in the definition of the MNH packages of clinical interventions. Guidance is disseminated to countries to support them to upgrade their standards, guidelines and services.

51. Some examples of countries where UNFPA contributed to the establishment of baseline measures and scaling up of emergency obstetric and newborn care services include Afghanistan, Benin, Burkina Faso, Burundi, Cambodia, Côte d'Ivoire, Ethiopia, Ghana, Guyana, Haiti, Liberia, Madagascar, Malawi and Niger. With contributions from UNFPA, the policy, political and social environments for MNH have been improved through, for example, reduction of financial barriers for maternal health (Sierra Leone) and for fistula survivors (Ghana, Malawi). UNFPA also supported work with religious leaders (Mauritania, Niger), evidence-informed communication (Malawi, Nigeria, Sierra Leone), and the strengthening of SRH/HIV linkages (Burundi). Several countries with high maternal mortality, including Benin, Burkina Faso, Ethiopia and Madagascar have developed demand-generation activities such as voucher schemes to increase access to family planning. Other key activities where UNFPA has provided support include upgrading skills and equipment for services.

52. The Campaign to End Fistula has been catalytic in positioning SRH and rights more broadly, as well as addressing the needs of the many women incapacitated by fistula: over 6,000 cases have been repaired to date with UNFPA support, and the Campaign has helped to secure attention, funds and technical assistance for fistula prevention, treatment and social rehabilitation. The Campaign currently supports 42 countries in Africa and in Asia[7]. UNFPA is investing in human resources for health with a

[6] The H4+ partners are the World Bank, UNICEF, WHO, UNFPA and UNAIDS.

[7] More details at http://www.unfpa.org/public/site/global/lang/en/pid/6423.

special focus on training midwives in SRH and HIV-prevention services. An increasing number of UNFPA offices, 30 in 2010, are supporting the implementation of national midwifery programmes.

53. There is a need to ensure better integration and monitoring of HIV, prevention of mother-to-child transmission (PMTCT) and SRH programmes. UNFPA is well positioned to co-lead in the field of maternal and newborn health within the H4+ partnership and in connection with the Secretary-General's Global Strategy for Women's and Children's Health, and will continue to reinforce its leadership, at global, regional and country levels.

Outcome 3: Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.

54. Trend data for contraceptive prevalence rate (CPR) for modern methods in less developed regions showed no progress (55.2 per cent) during 2005 to 2009. CPRs for modern methods vary widely across and within regions. Contraceptive use has remained low, especially in sub-Saharan Africa where it reached 15.7 per cent in 2009. However, some countries, including Madagascar, Rwanda, United Republic of Tanzania and Zambia have shown marked progress and surpassed a level of 25 per cent for this indicator. In Niger, CPR for modern methods rose from 5 per cent in 2006, to 16 per cent in 2009, and, according to preliminary figures, to 21 per cent in 2010. On the other hand, declines in this indicator were registered in Albania, Azerbaijan, Bosnia and Herzegovina, Pakistan and Serbia.

Table 8
Proportion of countries with service delivery points offering at least three modern methods of contraception

Indicator	*2007 Baseline (2005-2007)*	*2008 (2007-2008)*	*2009 (2008-2009)*	*2010 (2009-2010)*
	%	*%*	*%*	*%*
Proportion of countries with service delivery points (SDPs) offering at least three modern methods of contraception	32.9	32.8	34.6	36.6

Source: UNFPA COARs, 2007-2010.

55. To expand family planning services, UNFPA has worked on a range of activities at country level based on the needs of the countries and the specific context. These activities varied from advocacy to supporting service delivery outlets in regions with the greatest need. UNFPA has increasingly focused its efforts in strategic areas to get the highest impact from limited resources. Some examples include introduction of indicators like unmet need for family planning as a national indicator for monitoring development work (Uganda); inclusion of family planning/SRH activities and commodities as a budget line item in national plans; inclusion of family planning in strategic plans such as HIV-prevention plans and road maps for the reduction of maternal mortality. UNFPA offices reported that 70 per cent of the countries had included family planning in situation analyses, and 49 per cent had allocated a budget for it in their national plans. UNFPA supported training to increase the quality of services in a wide range of

areas such as forecasting, procurement and logistics management; and updates in contraceptive technologies and clinical skills.

56. UNFPA continued to support countries to pilot the computerized logistics management software for monitoring stock levels of commodities. This has enabled governments and their partners to avert commodity shortfalls and strengthen their supply chain systems. UNFPA support is contributing to the implementation of an integrated logistics management system in Haiti, Nicaragua and Panama. UNFPA is the lead United Nations agency in Mozambique for the Partnership for Maternal, Newborn and Child Health. This Partnership operationalizes a full package of maternal, newborn and child health (MNCH) evidence-based interventions that include family planning, MNCH and nutrition.

57. Technical support was provided to 61 countries to scale up programmes to implement PMTCT and service integration. For example, in 80 per cent of all health facilities in Malawi and in 65 per cent of health facilities in Madagascar, PMTCT and newborn care services are being offered. UNFPA also supported 20 countries through consultation on PMTCT for Global Fund proposals and eight countries through joint technical missions.

58. Recognition of the importance of family planning in the development agenda and a renewed interest in improving access to family planning have increased the demand for UNFPA support. However, this is sometimes accompanied by requests for earmarked funding, vertical programming and quick-win initiatives. Another challenge is addressing one of the biggest inequities, i.e., the lack of access for young people to contraception.

Outcome 4: Demand access to and utilization of quality HIV and STI-prevention services, especially for women, young people and other vulnerable groups including populations of humanitarian concern increased.

59. Comprehensive and correct knowledge about HIV among young people between15 and 24 years of age, living in developing countries, is estimated at 31 per cent of young men and 19 per cent of young women. From 2005 to 2009, the percentage of pregnant women living with HIV who received antiretrovirals for PMTCT in low- and middle-income countries has significantly increased on average from 15 per cent to 53 per cent. There are signs that prevention efforts are making a difference. Among the 21 countries most affected by HIV, 15 countries achieved a reduction in HIV prevalence among people between 15 and 24 years of age.

60. UNFPA continues to lead the work with partners to reduce new infections in young people through delivery of an evidence-informed and integrated United Nations response, including comprehensive sexuality education in schools and community settings, and strategic communication for behaviour change, including increase in condom use, HIV counselling and testing. To date, 25 countries have been supported to develop and implement national plans to integrate SRH and countries have reported improved linkages between HIV programmes and efforts to prevent GBV. UNFPA supported the development of the HIV and SRH linkages resource[8] to demonstrate the effectiveness of linking HIV and SRH; and to share good practices. The Fund provided extensive support for scaling up PMTCT programmes, including the development and implementation of national strategies (Bangladesh, Cambodia and Nigeria). UNFPA collaborated with UNAIDS to develop a proposal on linking SRH and HIV for implementation (Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe).

[8] For more details see www.srhhivlinkages.org.

UNFPA supported the development of specific guidance for addressing issues relevant to youth and sex workers in Round 10 Global Fund HIV proposals; and provided technical support to integrate SRH and HIV in the Round 10 proposals for South Africa, Swaziland and Zambia.

61. Networks of people living with HIV were supported in nearly 80 countries and an advisory group on HIV and sex work was established in partnership with United Nations agencies and a network of sex workers. To scale up HIV testing for young people in South Africa, UNFPA forged a partnership with LoveLife and Soul City, to support a national HIV counselling and testing campaign for 12 to 14 year-olds reaching 8,445,000 young people. In Barbados and Kazakhstan, advocacy with policymakers was undertaken to remove the legal barriers that prevent youth below the age of 18 from accessing SRH services without parental consent. In Belize, UNFPA support to the Young Women's Christian Association to establish a youth-friendly space for young girls has significantly improved access to SRH information and condom use.

62. UNFPA is addressing the SRH needs of men and women by intensifying access to male and female condoms and promoting correct and consistent use. The Global Condom Initiative was expanded to 74 countries in 2010. Among donors, UNFPA continues to be the largest supplier of male condoms to low-income countries and the second largest supplier of female condoms (14 million in 2009). UNFPA supported condom demand-generation initiatives in four high-prevalence countries in Southern Africa; and developed and field-tested a condom demand-generation framework in the Caribbean resulting in three countries drafting condom demand-generation strategies.

63. In the context of humanitarian settings, UNFPA mobilized funds to support global and other initiatives, for example, in Bangladesh, Côte d'Ivoire, Democratic Republic of the Congo, Nepal, Pakistan and the Sudan, which facilitated commencing and continuing integrated reproductive health and HIV-prevention programmes for ex-combatants, women associated with the armed forces, United Nations peacekeepers and national police forces.

64. UNFPA recognizes the need to exhibit its ability to work more effectively and efficiently to deliver results through improved coherence, innovation and integration in support of countries; and to strengthen its partnership with funding mechanisms such as the Global Fund, the President's Emergency Plan for AIDS Relief (PEPFAR) and various other health initiatives. Regarding addressing the needs of youth, apart from the need to strengthen country office capacity, the following challenges also need to be addressed: laws and policies that exclude young people from accessing information and services; reaching out-of-school youth, including those most at risk of HIV; and the lack of disaggregated data by age and sex that are critical for effective programming.

Outcome 5: Access of young people to sexual and reproductive health, HIV and gender-based violence prevention services and gender-sensitive life skills-based sexual and reproductive health education, improved as part of a holistic multisectoral approach to young people's development.

65. Progress on ensuring adolescent sexual and reproductive health (ASRH) service access has been slow and the impact limited, though with some notable exceptions. There has been a steady increase in the proportion of countries with secondary school curricula incorporating comprehensive life skills education (table 9). While the importance of a core ASRH package is widely recognized, there are enormous differences among countries. Many countries provide SRH education and counselling, as well as STI testing and treatment, but contraceptives are not offered in many countries due to legal and

sociocultural barriers. Moreover, there are missed opportunities to make maternal health services more accessible to pregnant adolescents.

Table 9
Proportion of countries with secondary school curricula including gender-sensitive, life skills-based sexual and reproductive health and HIV prevention

Outcome indicator	*2007 Baseline* %	*2008 (2007-2008)* %	*2009 (2008-2009)* %	*2010 (2009-2010)* %
Proportion of countries with secondary school curricula including gender-sensitive, life skills-based SRH and HIV prevention	30.0	34.8	36.4	42.9

Source: UNFPA COARs, 2007-2010.

66. UNFPA plays a lead role in supporting school-based sexuality education programmes in many countries. In Nepal, UNFPA supported the inclusion of adolescent and youth SRH in the government's health sector implementation plan. In Viet Nam, UNFPA supported national ASRH guidelines for out-of-school youth. In Colombia and Mozambique, UNFPA reported the important transition of programmes from being donor-supported to government-owned. In Egypt and the Syrian Arab Republic, UNFPA utilized culturally sensitive approaches to support sexuality education. In Uzbekistan, UNFPA supported the inclusion of SRH issues in the school curriculum. In 2010, UNFPA convened a global consultation on sexuality education, which highlighted UNFPA leadership in this area and showcased the mounting evidence that addressing gender issues not only leads to more effective programmes, but also positively impacts critical thinking and negotiation skills.

67. Building on the synergies and leveraging the comparative strengths of various United Nations agencies, UNFPA, as co-lead for the United Nations Inter-Agency Task Force on Adolescent Girls, is intensifying efforts with governments and partners to promote and support the well-being of marginalized girls. Joint efforts to build the evidence base, advocate for and target the hardest to reach girls are under way in several countries, including Ethiopia, Guatemala, Liberia, Malawi and the United Republic of Tanzania.

68. While the number of countries that have adopted gender-sensitive reproductive health curricula, including HIV/AIDS, has increased over time, there is still a need to expand the scope and reach of the essential package of SRH and HIV- and GBV-prevention services and sexuality education programmes. UNFPA faces challenges in moving away from stand-alone ASRH projects; underutilization of services; and ensuring that services go beyond reaching the better-off youth (e.g., urban, educated and older) and explicitly target the marginalized subgroups with the highest SRH risk. To address these challenges, UNFPA will strengthen advocacy efforts and focus its programmes in order to reach vulnerable adolescents, especially adolescent girls who face the greatest risk.

3. Gender equality

Outcome 1: Gender equality and human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws.

69. Since 2007, as can be seen from table 10, there has been a steady increase, from 78 to 91 per cent, in the incorporation of reproductive rights into the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) reports. UNFPA is supporting national partners to ensure that legislation, development frameworks, budgets and policies are gender responsive. This work is being accomplished through gender mainstreaming as well as through human rights-based empowerment mechanisms and involves collaboration with UNICEF and UN-Women on gender-responsive budgeting, the Security Council resolution 1325 indicators and reporting for CEDAW.

Table 10
Incorporation of reproductive rights into the Convention on the Elimination of All Forms of Discrimination against Women reports

Outcome indicator	*2007 Baseline* %	*2008* %	*2009* %	*2010* %
Proportion of countries that have incorporated reproductive rights into the CEDAW reports	77.7	87.6	91.4	91.5*

Source: UNFPA COARs, 2007-2010.

* An improved data collection and calculation methodology was used in 2010; hence, data may not be comparable to other years.

70. UNFPA has introduced an integrated approach to human rights, gender mainstreaming and cultural sensitivity. UNFPA has worked to identify the overlaps and synergies between gender-responsive budgeting and more effective budgeting in the health sector, specifically for SRH. UNFPA provided support to governments for gender mainstreaming, including through targeted advocacy in the context of UNDAFs, and in reporting to the CEDAW committee. In Yemen, UNFPA supported the National Women's Committee in reviewing laws from a gender equality perspective and submitting amendment proposals to Parliament, resulting in the amendment of three laws. In the Democratic Republic of the Congo, UNFPA supported the Government in developing a national policy on gender. UNFPA strengthened the capacity of national partners to advocate for the integration of gender equality in Rwanda and Sierra Leone. Strategic partnerships were built with UN-Women, UNICEF and FAO while supporting UNCTs to report on the situation of women and girls to the CEDAW Committee. This was commended by the CEDAW Committee as a best practice example of United Nations reform.[9]

71. Although UNFPA has worked at the country level to bring international standards to national laws and policies, the rate of implementation is low. The key partners of UNFPA comprise the Ministries of Women's Affairs that are typically poorly resourced, lack technical capacities, and have little influence over the national development agenda. UNFPA needs to continue to utilize its unique approach to developing and implementing policies and programming to integrate human rights, gender and culture.

[9] See also Gender Goal Evaluation report https://docs.myunfpa.org/docushare/dsweb/Get/UNFPA_Publication-33556.

Outcome 2: Gender equality, reproductive rights and empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices.

72. The prevalence rate for female genital mutilation/cutting (FGM/C), as available for 28 countries for the period 2002-2009, has a median value of 44.7 per cent. Estimates show that the proportion of women that have undergone FGM/C is decreasing significantly in Burkina Faso, Egypt, Eritrea, Kenya, Nigeria and Senegal.

73. In collaboration with UNICEF, UNFPA is implementing the world's largest programme to accelerate the abandonment of FGM/C. This joint initiative is supporting community and national efforts in 17 African countries for positive social change. With regard to the SRH and reproductive rights of the thousands of women and girls who are subjected to FGM/C, the joint programme is building the capacities of health-care providers to alleviate the suffering and enhance the well-being of those affected. This has already led to large-scale abandonment of FGM/C and over 6,000 communities have declared the abandonment of the practice in Egypt, Ethiopia, Gambia, Guinea, Kenya, Senegal, Somalia and the Sudan. The integration of FGM/C prevention and harm reduction into reproductive health services has resulted in the revision of reproductive health guidelines and protocols on the management of complications in Senegal and the revision of the reproductive health strategy in the Sudan and Egypt and the integration of FGM/C in the training curriculum of community health nurses in the Gambia. The UNFPA-UNICEF joint programme worked closely with WHO in sub-Saharan Africa and in the Arab States to ensure that medical professionals support the abandonment of FGM/C. Medical care has been provided to 41,121 women and girls for FGM/C-related complications.

74. UNFPA has been working on global advocacy, working with civil society partners, namely through the MenEngage Alliance, to support the constructive engagement of men and boys to achieve gender equality. UNFPA supported innovative programmes that aim to apply the male involvement/engagement approach in addressing violence against women (VAW). On work involving faith-based organizations (FBOs), UNFPA is collaborating on a joint initiative with UNAIDS to mobilize the FBO community to build national capacities for destigmatization and prevention, and the treatment and care of people living with and impacted by HIV/AIDS.

75. Pockets of organized opposition to SRH programmes, even when the programmes are based on evidence, continue to pose a challenge and could impede the advancement of SRH and reproductive rights. This backlash occurs alongside the increased momentum in engagement with community-based networks. UNFPA should continue its culturally sensitive approach to programming and should also analyse subcultures at the community level, including youth and different ethnic groups. The integration of FGM/C into the African countries' plans of action on SRH will be a strategic opportunity to mobilize health-care providers at the community level. There is also a need to develop a broader understanding of the sociocultural environment beyond the interaction with FBOs.

Outcome 3: Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence.

76. As can be seen from the data in table 11, UNFPA offices have reported that between 62 and 69 per cent of countries incorporated reproductive rights in national human rights protection systems in the

period 2007-2010. The ICPD human rights agenda is part of the processes of the global treaty bodies, including the Commission on the Status of Women, and the United Nations Special Rapporteurs on the right to health and on VAW. These international processes have an impact in reinforcing the national human rights protection systems.

Table 11
Incorporation of reproductive rights in national human rights protection systems

Indicator	*2007 Baseline* %	*2008* %	*2009* %	*2010* %
Proportion of countries with reproductive rights incorporated in national human rights protection system	61.7	63.3	66.7	69.2

Source: UNFPA COARs, 2007-2010.

77. With support from UNFPA, the United Nations Human Rights Council adopted two resolutions highlighting the linkages between maternal mortality and human rights; the United Nations Development Group (UNDG) guidelines on indigenous issues included guidance on intercultural approaches to SRH; the first Special Rapporteur on the right to health raised the profile of SRH and advocated for the importance of its inclusion in policies, programmes and campaigns; and the Committee on Economic, Social and Cultural Rights is in the process of elaborating a general comment on the right to SRH, which will provide a systematic vision and strengthen policy and advocacy work at the global and national levels.

78. UNFPA started an initiative to mainstream reproductive rights into the work of regional human rights systems, including the Inter-American Commission on Human Rights and the African Commission on Human and People's Rights. In Belize, Bolivia, Ecuador, Guatemala, Guyana, Mexico, Nicaragua, Panama and Peru, together with Ministries of Health, UNFPA is promoting and supporting the implementation of culturally sensitive approaches to reproductive health policies and programmes.

79. UNFPA published a comprehensive training package on the human rights-based approach to programming. To date, training has been conducted for more than a hundred UNFPA staff and partners from regional human rights non-governmental organizations (NGOs). In addition to working with special procedures as mentioned above, a strategic partnership at the global level is with the Danish Institute for Human Rights, where UNFPA is working to elaborate tools aimed at facilitating the integration of reproductive rights into the work of national human rights agencies.

80. Areas of work that need to be sustained and strengthened include: pursuing work with United Nations system partners, including South-South collaboration on reproductive rights; ensuring the development of a UNFPA policy on indigenous peoples for implementation at regional and country levels; and systematizing the UNFPA-wide training on human rights to ensure that UNFPA staff and focal points have sound knowledge of human rights and rights-based approaches.

Outcome 4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.

81. The annual reporting data show that over 90 per cent of countries have mechanisms in place to monitor and reduce GBV. In the area of peace and security and GBV, there has been progress at country level, with countries like Nepal, Sierra Leone and Uganda being assisted to develop National Action Plans to implement Security Council resolution 1325 and to launch various South-South cooperation initiatives. The proportion of countries that include GBV in pre- and in-service training of health providers has, however, remained the same over the last two years.

Table 12
Proportion of countries that have mechanisms in place to monitor and reduce gender-based violence and that include gender-based violence in pre- and in-service training of health-service providers

Indicator	*2007 Baseline* %	*2008* %	*2009* %	*2010* %
Proportion of countries that have mechanisms in place to monitor and reduce gender-based violence	86.0	87.2	93.6	92.1
Proportion of countries that include gender-based violence in pre- and in-service training of health-service providers	64.4	66.3	72.7	72.5

Source: UNFPA COARs, 2007-2010.

82. UNFPA contributed significantly in elevating the issue of violence against women within the development agenda. As the co-chair of the United Nations Trust Fund in Support of Actions to Eliminate Violence against Women, UNFPA galvanized the United Nations system to work as one on this issue. UNFPA along with United Nations partners, governments and civil society organizations established the joint programme on eliminating VAW in 10 pilot countries and there has been significant progress in delivering planned outputs. As part of the United Nations Inter-Agency Task Force on Women, Peace and Security, UNFPA worked to develop global indicators for monitoring implementation of Security Council resolution 1325, which were presented by the Secretary-General to the United Nations Security Council. UNFPA has worked towards ensuring that GBV violence is addressed in countries in all regions.

83. UNFPA continues to support the inter-agency joint programme on eliminating VAW and implementation of the five outcomes of the Secretary-General's campaign Unite to End Violence against Women. Strengthening national capacity development and providing technical expertise to national counterparts have been the biggest dividends of the UNFPA efforts in addressing GBV. Investments in the development of national capacities have fostered national/local ownership. Protocols and integrated models to address sexual violence have been developed, for example, in El Salvador, Guatemala, Honduras and Nicaragua, with extensive capacity-building in the health and justice sectors to facilitate implementation.

84. There is need to mobilize communities for zero tolerance towards violence against women so that any cultural acceptance of VAW is eradicated. Addressing GBV is not yet a part of SRH packages. To date, the translation of policies into action and resultant concrete impact/change has remained a major challenge in most countries. UNFPA will focus its contributions in addressing GBV in the context of SRH, including within conflict and post-conflict situations. This will involve more concerted efforts for the capacity development of health-service providers and the sharing of good practices.

4. Cross-cutting concerns

85. The UNFPA strategic plan has articulated three cross-cutting concerns related to mainstreaming young people's concerns, emergencies and humanitarian assistance, and special attention to marginalized and excluded populations. As evidenced in the discussion above on the DRF, the three cross-cutting areas are reflected in the outcomes and indicators of the three focus areas of the strategic plan.

86. Mainstreaming young people's concerns. Currently, young people's issues are clearly mainstreamed, with two strategic plan outcomes dedicated to young people -- one in the focus area of population and development and the other in the area of reproductive health and rights, including HIV/AIDS. In the area of gender, the focus is on adolescent girls as articulated in the outcomes/indicators. UNFPA also has a global four-key framework on young people. However, efforts remain fragmented and there are gaps in such areas as adolescent pregnancy and young people's access to contraceptives. The current mainstreaming strategy has not led to the priority attention required for this critical population group. A clearer articulation of the expectation from mainstreaming, complemented with strengthened measurement and accountability, would facilitate results-oriented programming for young people.

87. Humanitarian assistance. The earlier sections of this report provided details on progress in the humanitarian indicators which were included in all three focus areas of the strategic plan DRF. UNFPA has conducted an evaluation of its humanitarian strategy. While the review found that UNFPA had made some progress especially with regard to coordination and advocacy, it identified challenges with regard to operational effectiveness and impact. The second-generation UNFPA humanitarian strategy being finalized intends to accelerate the effective transfer of operational functions to country and regional offices while various headquarters units will play a more active role in supporting emergency operations.

88. Special attention to marginalized and excluded populations. This cross-cutting area of the strategic plan was operationalized through the inclusion of indicators in the DRF focusing on marginalized populations. UNFPA programmes have supported activities related to indigenous population groups, adolescent girls, HIV-prevention in sex work, migrant and ethnic minorities, and others. However, a systematic programming focus on marginalized and excluded populations is missing in most programme plans.

IV. MANAGEMENT RESULTS FRAMEWORK

89. The UNFPA strategic plan situates the nine outputs and indicators of the MRF, in the key organizational dimensions of human resources, financial management and results-based management within the context of contributing to achieving development results. The annex (available on the website) provides an update on the MRF indicators for the period 2008-2009.

A. Managing for results

90. **MRF output 1: Increased results-based management effectiveness and efficiency**. The percentage of UNFPA units reporting achieving 75 per cent of the outputs in their annual office management plans (OMPs) has been increasing (see table 13) and in 2010 it reached 93 per cent. However, there is a continuing need to strengthen the OMP as a management tool rather than just a tool for planning and reporting. This is being addressed as part of the overall strengthening of the culture of RBM. The Fund's four-pronged RBM optimization initiative includes enhancing the effectiveness of planning, monitoring and reporting. Following a comprehensive review of RBM in UNFPA, a policy and guidelines on developing robust results frameworks have been developed. A nine-module RBM curriculum has been prepared and is currently used by UNFPA offices to build their capacities. In an effort to rapidly reach the necessary critical mass by training key UNFPA staff, the RBM training package is being provided in the form of e-learning modules. Overall, more than 200 staff members were trained in the RBM package. However, to reach a critical mass, there is a need to maintain the momentum for continuous RBM training in order to enhance staff capacities.

91. An increasing number of UNFPA country offices, 85 per cent in 2010, reported participating in RBM training through other institutions and joint United Nations mechanisms. Some regional good practices that were reported include an example from Africa where the Regional Office established a peer-to-peer monitoring and evaluation initiative. The Asia and Pacific Regional Office developed strategy notes on leadership, partnership, and on country support and oversight to increase RBM effectiveness and efficiency and improve internal working arrangements. Undertaking regional, interregional, and global workshops, the Arab States Regional Office is working to strengthen results planning and evaluation. In Latin America, UNFPA designed and implemented an internal system for systematic follow-up on programmatic and financial execution.

92. While developing tools, systems, guidelines and training is necessary, support for the enforcement of RBM is equally important. There is a need to strengthen quality assurance and to effectively utilize evidence generated through UNFPA investments.

Table 13
Output 1: Indicator update

Indicator	*2007 Baseline*	*2008*	*2009*	*2010*	*Target 2011*
Percentage of UNFPA units with at least 75% of management plan outputs achieved	84%	94%	92%	93%	95%
Milestones to build staff capacity in results-based management	RBM guidance and policy (2000)	83%[a]	75%[a]	85%[a]	100% of managers trained 85% of all professional staff trained

Sources: UNFPA COARs, 2007-2010 and OMPs.
[a] Refers to the proportion of country offices that reported that staff participated in training initiatives on RBM.

93. **MRF output 2: Ensured results-oriented high-quality UNFPA programme delivery at the country, regional and global levels**. To address the programme quality-related issues and continue to strengthen its programme delivery, UNFPA developed guidance on evidence-based programming through a participatory approach, consolidating various tools and guidelines for a stronger programme design. In the Asia and the Pacific Regional Office, greater coherence between the regional programme and the country programmes was achieved through a peer review process. The Eastern Europe and Central Asia Regional Office reported operationalizing steps to ensure high-quality programme delivery, including through generating evidence on specific issues; and bringing it to the attention of political decision makers and following up with technical and mid-level managers on implementation of political commitments. COARs from all regions noted that oversight and support functions for country office management and operations and focal point teams lacked clear terms of reference, which posed a challenge in responding to the increasing workload and expectations of the regional office. The Africa Regional Office reported that most of the country programmes lacked rigorous indicators and the results were not strategically focused but were spread out too thinly, which was also a finding of other reviews and evaluations. The UNFPA strategic plan MTR exercise will address these issues to provide the necessary strategic shift for focusing programmes to show impact.

Table 14
Output 2: Indicator update

Indicator	*2007 Baseline*	*2008*	*2009*	*2010*	*Target 2011*
Proportion of country, regional and global programmes with at least 75% of annual output targets achieved [a]	51%	88%	91%	86%	75%
Percentage of UNFPA units with carry-forward of core programme resources below 10% of the ceiling [a]	77%	72%	82%	85%	90%
Number of South-South initiatives providing knowledge, learning and training for building national capacity [b]	102	202	409	212	at least 255

Sources: UNFPA COARs, 2007-2010 and Atlas reports.
[a] Data refer to proportion of UNFPA country offices.
[b] Data may not be directly comparable due to differences in data collection and calculation methodology.

94. In order to ensure high-quality programme delivery, learning from others' experiences and knowledge, and bringing about synergies and impact is critical. UNFPA continued to strengthen the key area of knowledge management. The new myUNFPA Intranet platform, launched in 2010, was reported to be used by 104 (82 per cent) of UNFPA offices. Through a knowledge fair at the UNFPA global meeting in 2010, programming good practices were systematically documented and presented. Webinars have increasingly become an effective way to share knowledge with UNFPA field offices - 32 webinars were organized/facilitated in 2010 with 1,740 participants. However, there continues to be a need for methodologies and incentives for enhancing utilization of the knowledge systems. UNFPA increasingly used the South-South cooperation modality in 2010, with 212 reported initiatives. The majority of these were in the Africa region and focused on exchanges of knowledge, expertise and technologies.

95. **MRF output 3: UNFPA maintains motivated and capable staff**. The recent UNFPA report to the Executive Board on human resources management (DP/FPA/2011/2) provides an overview of human resources management and key achievements. The UNFPA performance appraisal and development (PAD) system, now in its sixth year, has a compliance rate of 97 per cent. With 84 per cent of its workforce in field offices, the rapidly changing regional and country realities and UNFPA engagement in diverse country settings have key implications for UNFPA human resources. In addition, there is the anticipated retirement of a significant number of senior officers. Nearly one third of senior managers (P5 and above) and one fifth of all international professionals are projected to be retiring during the period 2011-2015, posing challenges in terms of institutional knowledge, recruitment and acculturation. To ensure that staff – new and existing – have the necessary skills and competencies required to effectively fulfil their functions, UNFPA is redesigning its induction programme and strengthening training in programme and operational areas for specific staff categories. The 2009 Global Staff Survey presents a picture of a staff body that is generally motivated and satisfied, and a recent United Nations-wide review has shown that "UNFPA staff members are significantly more motivated than the United Nations norm, and that UNFPA is one of the most recommended organizations as a place to work". Additionally, the Multilateral Organisations Performance Assessment Network (MOPAN) review rated UNFPA as "adequate" on each of four human resource-related indicators assessed. To address the human resource

challenges, workforce planning and a more robust talent management process, as well as additional entry-level professional positions are critical for UNFPA.

Table 15
Output 3: Indicator update

Indicator	*2007 Baseline*	*2008*	*2009*	*2010*	*Target 2011*
Percentage of staff who are satisfied with their job and motivated for success					Maintain at least the same level of
- Satisfied with their job	76%		77%	79%	satisfaction and
- Motivated to make UNFPA successful	86%		88%	87%	motivation
Recruitment time from advertisement of post to provisional offer					
- International (months)	6	4-5	4-5	4	4
- Local (months)*	4		4	4	3

Sources: UNFPA global staff surveys.
* Figures reflect recruitment for locally recruited staff in New York.

B. Expanding partnerships

96. **MRF output 4: Effective partnerships that protect and advance the ICPD agenda to be maintained and expanded**. UNFPA annual reports provide a host of examples where UNFPA continued to expand and deepen its partnerships with various stakeholders at global, regional and country levels. Examples include key partnerships such as the H4+ and the reproductive health supplies coalition, as well as national, regional and global networks of parliamentarians and NGO partners. These networks have been built through a combination of country-level contacts, regional workshops and global conferences, such as the Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development held in Berlin, and a high-level meeting on Maternal Health – Millennium Development Goal 5, and the 2009 International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action (the latter two were held in Addis Ababa, Ethiopia). In 2010, UNFPA established an NGO Advisory Panel as well as the External Advisory Panel to facilitate independent advice and perspectives, and held consultations with civil society to develop substantive inputs for the United Nations Conference on Sustainable Development, Rio+20 process. Table 16 provides perspectives from external partner surveys.

Table 16
Output 4: Indicator update

Indicator	*2007 Baseline*	*2008*	*2009*	*2010*	*Target 2011*
Percentage of respondents assessing UNFPA as strong in advocacy in support of poverty reduction and MDGs	65% (MOPAN survey 2005)		MOPAN reported that 'a great majority' of the MOPAN country teams appreciate the UNFPA advocacy role on issues related to its mandate. (MOPAN 2008, reported in 2009)	UNFPA was perceived by direct partners and MOPAN members to be strong in its support of national plans. (MOPAN 2010)	80%
Percentage of main UNFPA global partners who are perceived by UNFPA as effective and very effective in promoting the ICPD agenda	38% very effective 57% effective	40% very effective 51% effective	84.4% effective and very effective*	94% effective and very effective	42% very effective 53% effective

Sources: MOPAN and UNFPA COARs, 2007-2010.
*Figures are not comparable as data collection methodology changed to include more partners.

97. Significant media and communications campaigns undertaken during the period 2008-2010, sought to emphasize the importance of SRH, with a specific focus on maternal health and MDG 5, to achieving internationally agreed development goals. In addition to global campaigns, UNFPA headquarters provided support to country offices for national-level communications activities. UNFPA offices contributed to strengthening national capacity to advocate for the ICPD agenda through media, technical papers, events, training, seminars and workshops and reported over 120 specific activities in these areas. Some examples include the country office support for the NGO Forum on the ICPD agenda in Yemen; and the nationwide work with media partners in Nepal to increase awareness on ICPD issues and promote maternal and child health. Increasing clarity on the results of UNFPA partnerships and communicating them effectively will further facilitate advancement of the ICPD agenda.

98. **MRF output 5: Ensured leadership of UNFPA and active participation in United Nations reform**. As part of its efforts to actively participate and take leadership in United Nations reform, UNFPA chaired and coordinated in many areas at global, regional and country levels. UNFPA chaired/co-chaired several management committees and programme group task teams on RBM to implement the workplan and guidance through UNDG team efforts. Provision of timely and proactive guidance in support of country-level coherence is an ongoing challenge. At the country level 32 per cent of UNFPA offices reported inclusion of all three UNFPA focus areas in over 75 per cent of new UNDAFs developed during 2010.

Table 17
Output 5: Indicator update

Indicator	*2007 Baseline*	*2008*	*2009*	*2010*	*Target 2011*
Number of active joint programmes with other United Nations agencies	143	224	221	244	180
Milestones of implementing High-level Commitee on Management (HLCM) business practices initiative	HLCM business practices workplan agreed	HLCM business practices workplan implemented	2009 milestones - Common procurement at country level advanced - Common information and communication technology structure piloted	Co-Chair UNDG Working Group on Joint Funding, Financial and Audit Issues common budgetary framework; Participation in HLCM discussions; Chair Harmonized approach to cash transfers to implementing partners group	HLCM business practices workplan implemented

Source: UNFPA COARs, 2007-2010.

99. At the regional levels UNFPA continues to prioritize expanding the partnership base through joint missions, and disbursing of technical cooperation through coordinated programmes. The Arab States Regional Office reported intensified inter-agency collaboration that resulted in the development of the Arab States Strategic Action Plan on Young People under the leadership of UNFPA and UNICEF.

100. UNFPA country offices, including in Costa Rica, Liberia and Mozambique, have reported full participation in working groups for joint initiatives. There is a need to continue to mainstream United Nations reform and to address the additional workload burden on UNCTs/country offices. However, despite the challenges, a total of 244 active joint programmes were reported in 2010, a 10 per cent increase from 2009.

Table 18
UNFPA participation in joint programmes

Strategic plan outcome areas	*Number of joint programmes*		
	2008	*2009*	*2010*
Population dynamics and interlinkages	14	14	19
Young people's rights and needs	11	23	16
Population, gender and sexual and reproductive health data for development	18	13	28
Emerging population issues in development	8	5	8
Promote sexual and reproductive health rights and demand	7	13	13
Access to maternal health services	24	23	35
Access and utilization of family planning services	6	4	3
Demand and utilization of HIV/STI services	40	25	21
Access of young to sexual and reproductive health	14	13	15
Gender equality and human rights in policies	15	23	18
Gender equality, reproductive rights and empowerment	13	10	23
Human rights protection systems and mechanisms	9	11	7
Response to gender-based violence	35	32	38
Others	10	12	0
Total active joint programmes	**224**	**221**	**244**

Source: UNFPA COARs, 2008-2010.

101. **MRF output 6: Improved accountability for achieving results at all levels**. Particular emphasis on strengthening accountability and addressing the issues from the audit was the focus in 2010 and several actions were undertaken to address issues related to national execution (NEX), including strengthening internal controls and enhancing overall accountability. Some achievements include the NEX audit management system, to systematically capture the NEX audit management process and results from planning to compliance with audit recommendations. The heightened and persistent attention of senior management to NEX audit issues has enhanced responsiveness of all units involved. Efforts to strengthen staff capacity and accountability in financial management are ongoing, and include revision of the internal control framework, simplification of business practices and the preparation of management checklists. A good practice to provide special support to country offices to be audited was established, starting with support missions in the Africa region. It was noted that a challenge remains for establishing systems to hold managers accountable for poor audits. UNFPA designed a face-to-face training module on supervisory accountability for ethical behaviour in the workplace and had full compliance as regards the financial disclosure programme.

Table 19
Output 6: Indicator update

Indicator	*2007 Baseline*	*2008*	*2009*	*2010*	*Target 2011*
Milestones of UNFPA accountability framework implementation (decision 2007/40)	UNFPA accountability framework is in place	UNFPA oversight policy in place	100% compliance rate among staff required to file financial disclosure statements 67% staff completed mandatory online course on Ethics, Integrity and Anti-fraud	PAD includes a performance output for representatives on management of the NEX audit	Fully implemented accountability framework
Percentage of staff performance plans and appraisals completed on time	80%	95%	95%	95%	95%

102. UNFPA continued to focus on improving the evaluation function and addressing the gaps identified in the oversight reports. Although the full effects of these measures are yet to unfold, there are signs of progress. Coverage of timely country programme evaluations has increased and mechanisms for ensuring the use of evaluation findings to inform new programmes have been established. The percentage of end-of-country programme evaluations that are conducted in time to inform the development of a new country programme improved from 8 per cent in 2008, to 14 per cent in 2009, and to 80 per cent in 2010. Some concrete results include an increase in the number of evaluations conducted and increased compliance with the evaluation guidelines. Eighty per cent of UNFPA country offices reported having an M&E plan. Out of 41 countries, 40 conducted their mandatory programme evaluations due in 2010. UNFPA will continue to monitor improvements in the quality of evaluations while investing in better utilization of the evaluations for evidence-based programming.

C. Sustainability and stewardship of resources

103. **MRF output 7: Ensured sustainable resources for UNFPA**. For each of the years during 2008-2010, UNFPA exceeded the funding targets for regular and other resources and was able to maintain a healthy ratio between the two (58 per cent/42 per cent in 2010), a figure that was quite stable throughout the period. While increasing the actual number of donors contributing more than $1 million, from 19 in 2007 to 21 in 2010, the target of having all these donors maintain or increase their contributions was not met. The total number of donors reduced from 182 in 2007 to 150 in 2010 (of which 46 donors made multi-year commitments for 2010 and beyond).

104. The volatile financial environment has affected a number of the Fund's major donors. To address the environment of financial uncertainty, UNFPA is taking concrete steps to diversify its funding sources. For example, UNFPA is supporting capacity-building of its country offices to access inter-agency funding mechanisms. Also, with respect to non-traditional donors, UNFPA is increasing its existing outreach to countries such as Angola, Brazil, China, India, Russia, Turkey and the Gulf States. Furthermore, with

respect to the private sector, a concerted effort is being made to engage foundations. UNFPA is also strengthening its internal policies and practices for partnerships with the private sector.

Table 20
Output 7: Indicator update

Indicator	*2007 Baseline*	*2008*	*2009*	*2010*	*Target 2011*
Percentage of donors contributing $1 million or more who maintained or increased their core contribution in national currency	100%	84%	74%	68%	100% is maintained
Percentage of annual strategic plan funding target achieved	100% of the multi-year funding framework (MYFF) target	103% regular resource contributions 161% co-financing	108% regular resource contributions 135% co-financing	109% (provisional) for regular resource contributions 159 % (provisional) for co-financing	100% of the strategic plan target

105. **MRF output 8: Improved stewardship of resources under UNFPA management**. Some key initiatives to continue to strengthen financial management in UNFPA included development of a biennial support budget (BSB) oversight-scoring template, where country offices are assessed according to how they correctly post information and charge expenditures, among other requirements. The audit process improved slightly in 2010 due to good practices such as early preparation and revision of the terms of reference. Another good practice reported was taking management action on audit results by revisiting implementation modalities and terminating risky partnerships. Some country offices are managing their risk by starting new partners on direct payments.

Table 21
Output 8: Indicator update

Indicator	*2007 Baseline* %	*2008* %	*2009* %	*2010* %	*Target 2011* %
Programme implementation rate for core and other resources by the end of the third quarter					
- Core resources:	58.2	51.2	64.8	57.2	70
- Other resources:	48.1	48.6	56.6	54.7	70
Distribution of resources among global, regional and country programmes	2004-2007 MYFF				Strategic plan
- Country programmes:	54.2	56.7	50.8	56.3	56.8
- Global and regional programme:	10.8	13.6	13.6	15.9	11.1

106. The regional and country offices also reported an improvement in financial stewardship. For example, the Africa Regional Office reported that all country offices in the region had their funding in place much earlier than in previous years, which paved the way for more accurate planning and implementation of activities in 2010.

D. Strengthening the field focus

107. **MRF output 9: UNFPA will have become a stronger field-focused organization**. In line with its focus on the field, UNFPA maintained the strategic plan target of 82 per cent as the percentage of all BSB posts established in the field. With reference to the Fund's field focus, while the regional offices have all been physically established in the regions since the end of 2010, the full operationalization of the reorganization is ongoing. The regional offices reported intensive efforts to strengthen field support through visits, peer-support, videoconferences and teleconferences, and webinars. There are useful examples from offices such as the subregional office in Dakar, Senegal, which has developed an online tracking system[10] in the Africa region, which aids the monitoring and analysis of the volume and quality of support provided to country offices.

[10] For more details see www.ipts.unfpa.sn.

Table 22
Output 9: Indicator update

Indicator	*2007 Baseline*	*2008*	*2009*	*2010*	*Target 2011*
Percentage of all biennial support budget posts established in the field	77%	82%	82%	82%	82%
Percentage of respondents saying UNFPA country offices have contributed significantly to improved cooperation with partners in the field	37% (MOPAN survey 2005)		Overall, MOPAN country team perceptions of UNFPA contribution to policy dialogue with governments are positive (MOPAN 2008, reported in 2009)	In harmonizing arrangements and procedures with other programming partners, UNFPA was rated as strong by direct partners and adequate by in-country donors (MOPAN 2010)	50%

108. For the past three years, the areas where most support from regional offices is reported are technical contributions to the programming process (73 per cent) and support to country programme M&E activities (69 per cent). The country offices perception of overall support from regional offices is positive – over 80 per cent rate it as "excellent" or "good" in terms of relevance and quality of support. However, there are regional variations. UNFPA will use the recommendations of its reorganization evaluation scheduled in 2012 to strengthen support provided to the field and enhance organizational efficiency.

Table 23
Support provided by regional offices to country offices

Areas of support	*2008*		*2009*		*2010*	
	Number	*%*	*Number*	*%*	*Number*	*%*
Strategic guidance on common country assessment/UNDAF, country programme formulation and implementation	30	26.3	42	34.7	65	51.2
Technical contribution to the programming process	74	64.9	85	70.2	93	73.2
Coordination of inputs from other headquarters divisions for improved quality of programming	49	43.0	55	45.5	62	48.8
Joint review of the country programme/projects in terms of relevance and effectiveness	14	12.3	28	23.1	31	24.4
Support to country programme M&E activities	29	25.4	49	40.5	88	69.3
Political support to help better position country programme vis-à-vis government priorities in the national development context	40	35.1	36	29.8	47	37.0
Support to the United Nations country team	36	31.6	33	27.3	38	29.9
Other	33	28.9	33	27.3	32	25.2
Any type of support reported	114	100.0	121	100.0	127	100.0

Source: UNFPA COARs, 2008-2010.

V. INTEGRATED FINANCIAL RESOURCES FRAMEWORK

109. The overall resources, both regular and other, expended on the 12 development outcomes are indicated below (see also the UNFPA statistical and financial review, 2010, DP/FPA/2011/3 (Part I)/Add.1, which provides detailed analysis on UNFPA income and expenditures).

Table 24
UNFPA assistance by strategic plan outcomes 2008-2010*

Strategic plan focus areas and outcomes	Regular resources $ millions			Other resources $ millions		
	2008	2009	2010	2008	2009	2010
Population and development	68.9	76.9	76.6	55.1	38.4	31.4
Outcome 1.1 Population dynamics	28.5	35.3	31.2	14.4	15.2	8.3
Outcome 1.2 Young people's rights and multisectoral needs	7.1	3.5	7.5	3.8	3.5	3.3
Outcome 1.3 Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS	28.0	27.7	29.6	35.9	18.4	17.0
Outcome 1.4 Emerging population issues	5.3	10.4	8.2	1.0	1.3	2.8
Reproductive health and rights	165.0	170.0	174.1	135.5	227.0	235.6
Outcome 2.1 Reproductive rights and SRH demand promoted	30.1	47.5	36.3	39.6	95.6	86.6
Outcome 2.2 Access and utilization of quality maternal health services	86.5	70.2	86.8	53.7	69.1	88.0
Outcome 2.3 Access to and utilization of quality voluntary family planning services	14.5	14.3	14.6	12.8	19.6	22.2
Outcome 2.4 Demand, access to and utilization of quality HIV and STI prevention services	16.6	16.6	16.7	18.2	22.7	20.1
Outcome 2.5 Access of young people to SRH, HIV and GBV prevention services	17.3	21.4	19.5	11.2	20.0	18.7
Gender equality	35.6	40.3	43.5	23.5	39.0	40.3
Outcome 3.1 Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights	10.7	12.1	14.6	6.9	5.2	5.4
Outcome 3.2 Gender equality promoted through an enabling sociocultural environment	12.5	10.1	11.6	3.8	7.4	9.3
Outcome 3.3 Human rights protection systems	2.1	1.8	1.8	3.8	3.6	2.9
Outcome 3.4 Responses to GBV	10.3	16.3	15.5	9.0	22.7	22.7
Programme coordination and assistance	67.7	60.7	72.0	(0.7)	(2.0)	4.7
Total**	337.2	347.9	366.2	213.5	302.4	312.0

**The 2010 data used are provisional. The 2008 data include projects which were coded using the UNFPA 2004-2007 multi-year funding framework Atlas output codes.*
***Totals may not add up due to rounding.*

VI. ELEMENTS FOR A DECISION

110. The Executive Board may wish to:

(a) *Take note* of the documents that make up the report of the Executive Director for 2010: DP/FPA/2011/3 (Part I), DP/FPA/2011/3 (Part I)/Add.1, and DP/FPA/2011/3 (Part II);

(b) *Welcome* the progress achieved during the last three years in implementing the UNFPA strategic plan, 2008-2013;

(c) *Commend* UNFPA on the improved quality of its annual reporting, through inclusion of analysis of the strategic plan indicators against targets and the use of evaluative evidence, combining quantitative as well as qualitative reporting;

(d) *Appreciate* the Fund's response to earlier Executive Board decisions which, inter alia, called for UNFPA annual reports to include references to the baselines and targets of the strategic plan and to track progress against these targets and outcomes, as well as address challenges and build on lessons learned and recommendations;

(e) *Commend* UNFPA on developing guidelines on evidence-based programming as called for in decision 2010/23 and *take note* that a plan for developing staff capacity is being rolled out in 2011;

(f) *Emphasize* that UNFPA needs strong political and increased financial support as well as increased and predictable core funding in order to enhance its assistance to countries to fully integrate the agenda of the International Conference on Population and Development into national development strategies and frameworks and achieve the internationally agreed development goals.